

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N92000000754 (3)**  
1. Corporation Name

**HAMILTON PLACE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>731 HAMILTON PLACE DR. LAKELAND FL 33813</b>	Mailing Address <b>731 HAMILTON PLACE DR. LAKELAND FL 33813</b>
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3. Date Incorporated or Qualified <b>12/11/1992</b>
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4. FEI Number <b>59-3190678</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>LUEBKING, JOANN 731 HAMILTON PLACE DR. LAKELAND FL 33813</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PARRISH, MICHAEL</b>		1.2 NAME <b>Carl Luebking</b>	
STREET ADDRESS <b>942 HAMILTON PLACE LANE</b>		1.3 STREET ADDRESS <b>731 Hamilton Pl. Dr.</b>	
CITY-ST-ZIP <b>LAKELAND FL 33813</b>		1.4 CITY-ST-ZIP <b>Lakeland FL 33813</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, PETER</b>		2.2 NAME <b>DAN BRENNER</b>	
STREET ADDRESS <b>951 HAMILTON PL. LN.</b>		2.3 STREET ADDRESS <b>816 Hamilton Pl. Dr.</b>	
CITY-ST-ZIP <b>LAKELAND FL</b>		2.4 CITY-ST-ZIP <b>Lakeland, FL 33813</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MADDOX, CINDY</b>		3.2 NAME <b>Linda Matzone</b>	
STREET ADDRESS <b>803 HAMILTON PLACE DR.</b>		3.3 STREET ADDRESS <b>730 Hamilton Pl. Dr.</b>	
CITY-ST-ZIP <b>LAKELAND FL 33813</b>		3.4 CITY-ST-ZIP <b>Lakeland FL 33813</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LUEBKING, JOANN</b>		4.2 NAME	
STREET ADDRESS <b>731 HAMILTON PLACE DRIVE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND FL 33813</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MADDOX, E.</b>		5.2 NAME <b>Mike Parrish</b>	
STREET ADDRESS <b>908 HAMILTON PL. DR.</b>		5.3 STREET ADDRESS <b>942 Hamilton Pl. Lane</b>	
CITY-ST-ZIP <b>LAKELAND FL</b>		5.4 CITY-ST-ZIP <b>Lakeland, FL 33813</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DRENNER, DAN</b>		6.2 NAME <b>Rama Lakhani</b>	
STREET ADDRESS <b>816 HAMILTON PL. DR.</b>		6.3 STREET ADDRESS <b>935 Hamilton Pl. Lane</b>	
CITY-ST-ZIP <b>LAKELAND FL</b>		6.4 CITY-ST-ZIP <b>Lakeland, FL 33813</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JoAnn Luebking** Date: **4/20/98** Daytime Phone: **941-647-9736**

CR2E037 (10/97)